

PROCESS EVALUATION OF THE KID'S CLUB AND MOM'S EMPOWERMENT PROGRAMS ADAPTED FOR CANADIAN INDIGENOUS FAMILIES

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Abstract

Intimate partner violence (IPV) afflicting Indigenous women in Canada is a significant public health concern. It is estimated that approximately six of every ten Indigenous women experience some form of IPV, which also impacts their children. In spring 2024, a pilot intervention based on two existing evidence-based programs (Kid's Club and Mom's Empowerment Programs) adapted specifically for Indigenous women and their children who have experienced IPV was implemented. For ten weeks, five mothers and six children participated in two separate groups with two co-facilitators in each group to discuss a variety of important topics; Indigenous ways of knowing and being were integrated into these discussions, with some led by an Elder. The aim of this process evaluation was to investigate the perspectives of the mothers who participated in the pilot program, and the staff who delivered the program, using open-ended questions. Their responses were coded into three main themes, including 1) positive aspects of the program, 2) negative aspects of the program, and 3) unintended benefits and consequences. Examples of positive aspects for mothers included appreciation of the cultural teachings in the program, and feeling that their parenting skills improved, while positive aspects for staff included feeling proud and gratified by the learning demonstrated by mothers and children. Examples of negative aspects for mothers and staff included the length the program. The unintended benefits and consequences of the program were also discussed.

Keywords: *Process evaluation, intimate partner violence, Indigenous families, culturally safe intervention.*

1. Introduction

Intimate partner violence (IPV) against women and the exposure of children to IPV are serious societal concerns. Internationally, more than a quarter (27%) of women aged 15–49 years who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner (World Health Organization, 2021). In Canada, self-report data from 2018 showed that 44% of women and girls aged 15 or older who had been in some type of intimate relationship (approximately 6.2 million) had experienced some form of IPV (Statistics Canada, 2022a). Notably, Indigenous women in Canada are four times more likely to experience IPV than non-Indigenous women (Brownridge et al., 2017). These inequities need to be understood within a broad context of Canadian colonization and the intergenerational effects of the collective traumas experienced by previous generations of Indigenous families and communities. Most women from diverse cultural contexts and backgrounds who experience IPV have children; the negative impacts of IPV both for women and their children have been well documented. Women survivors of IPV are at elevated risk for a variety of physical and mental health problems (White et al., 2024) which may also impact their parenting (Sousa et al., 2022). Children exposed to IPV are five to seven times more likely to experience physical, psychological, emotional, social, behavioral, and cognitive problems, both in the short term and over the life course, compared to unexposed children (Vu et al., 2016). Effective interventions that reduce the suffering of mothers and their children in

the short term and break the cycle of violence in the long term are rare and urgently needed (Giesbrecht et al., 2022).

Unfortunately, there are very few culturally safe evidence-based programs designed to meet the needs of Indigenous mothers and their children affected by IPV in Canada. Although there are many excellent community-based programs created by and offered to Indigenous communities, these either do not target the specific needs of mothers *and* their children affected by IPV, or are not evidence-based. To date, one Canadian intervention has addressed the needs of female survivors of childhood sexual abuse rather than IPV (Heilbron and Guttman, 2000), and another intervention focused on mothers only (Giesbrecht et al., 2022). A report by the National Aboriginal Circle Against Family Violence concluded that “the general lack of Aboriginal culturally appropriate programming is a concern” as well as a dire need for more children’s programming (NACAFV, 2006). Interventions implemented without the proper cultural contexts and adaptations can inadvertently exacerbate existing traumas and continue the histories of Canadian colonialism and health inequity among Indigenous populations. In light of this, we organized an interdisciplinary team consisting of Indigenous knowledge keepers, crisis shelter staff members, and researchers to address this issue.

The goal of this pilot study was to conduct a process evaluation of the pilot of an evidence-based culturally safe intervention designed specifically to meet the needs of Indigenous mothers and their children who have experienced IPV. The adaptation of the Kid’s Club (KC) and Mom’s Empowerment Programs (MEP) (Graham-Bermann et al., 2015), originally developed by team member Dr. Sandra Graham-Bermann, took place over several months prior to the pilot implementation in collaboration with crisis shelter staff members, Elders, and researchers.

2. Objectives

Our two main objectives were: 1) to investigate the perspectives of the mothers who participated in the pilot program, and 2) to investigate the perspectives of the staff who delivered the pilot program, using qualitative methods.

3. Methods

3.1. Recruitment

Mothers who self-reported a history of intimate partner violence and had at least one child co-residing with them were recruited through a women’s crisis shelter in Calgary that offers day programming, counselling, and temporary shelter for women and their children who have experienced violence. Mothers received a \$100 gift card for their participation in the post-pilot interview.

3.2. Qualitative methodology

Mothers were asked open-ended questions about positive and negative aspects of their experience during the pilot program in one-on-one interviews conducted during a two-week period following the conclusion of the 10-week pilot program. Staff members participated as a group in ten debriefing sessions that followed each weekly implementation of the program. Staff discussed their experiences, including both positive aspects and challenges of implementation.

All interviews and discussions were recorded and transcribed, then coded using thematic analysis. Thematic Analysis (TA) is a systematic process involving six steps that is used to create an analytical narrative of the data (Braun and Clarke, 2012). Coders first familiarized themselves with the data, then utilized an inductive approach to generate initial codes. In the present study, one coder carried out initial coding separately and independently; codes were clustered and collapsed into draft themes and subthemes (Braun and Clarke, 2006). Themes were then reviewed with a second coder to determine if further revisions were needed. Discrepancies in coding were resolved and the meanings of themes were further clarified through discussion between coders.

4. Results

4.1. Participants

Five mothers and six children participated in the pilot. Mothers were 30 years of age on average (SD=3.69) with an average of 2.5 children (range 1-4). Two had completed high school, one had not, and one had some post-secondary education. Four of the mothers self-identified as Indigenous (two as Blackfoot and two as Cree); one identified as non-Indigenous. None of the mothers were employed; all reported being single and having annual incomes below the low-income cut-off for a family (Statistics Canada, 2022b).

The six children consisted of four boys and two girls, ranging in age from six to twelve years of age ($M=8.0$, $SD=2.28$). There was one sibling pair (sisters).

Five staff members participated. They included two female staff members who co-facilitated MEP, and one female and one male staff member who co-facilitated the KC program. The crisis shelter program director also participated, as she often assisted with program logistics and delivery.

4.2. Thematic Coding

Three main themes were identified: 1) Positive aspects of the program, 2) Negative aspects of the program, and 3) Unintended benefits and consequences. Each of these themes is explained in detail below.

4.2.1. Positive aspects of the program: Maternal perspectives. Mothers identified several aspects of the program that they felt were positive. One mother felt the Indigenous cultural teachings that were integrated into the MEP program were important and beneficial *“It was really nice to be able to have a program that was built towards Indigenous mothers specifically, just because of the trauma that has happened in the past with residential schools and stuff and to be able to talk about it.”* Another mother felt that her parenting skills improved as a result of her participation: *“It changed... my parenting and to just be able to be more patient with my kids.”* Mothers also identified an improvement in family emotional expression, including themselves and their children: *“It was nice for my kids and I to be able to talk about our feelings.”* Some mothers valued the process of sharing with other mothers during the group sessions and hearing other perspectives: *“It’s nice to be able to talk about your feelings and kind of see other people’s outlooks on things and what they’re going through and how they may feel.”* Lastly, other mothers reported that they felt they and their children had become more emotionally aware of their feelings: *“It made us more, I think, self-aware about how we’re feeling.”*

4.2.2. Positive aspects of the program: Staff perspectives. Staff members reported a variety of positive aspects of their experience delivering the program. Some reported feeling proud of the mothers who participated: *“I think they’re all feeling really proud of themselves for how far they’ve come and what they’ve done. I was feeling that way too.”* Another staff member identified the sense of connection felt among mothers and staff as a positive feature of the program: *“You felt the sense of community and connectedness; I feel very bittersweet that it’s over now because I’ve really appreciated the community aspect of it.”* Other staff expressed appreciation for the mothers’ and children’s enjoyment of the program: *“One of the moms was talking about how she’s gonna have to tell her son that this is the last session, she didn’t prepare him for that. Because she was like “we look forward to this every single week, he gets so excited.””* Some staff noted their appreciation of the Elder’s contribution to the programming: *“It was really lovely having Elder X, she brings such a warm energy and is so engaging to the conversation. She really draws people in and she does it with humour and lightness even when it is a difficult conversation.”* Some staff also noted improved family emotional awareness in the participants: *“Afterwards he (child participant) showed it (mask) to his mom and on the other side of the coloured mask you write words you hide, as in the feelings that you mask, and he was showing his mom all about it and talking about it, which I thought meant that it definitely was something he thought, and appreciated, and took to heart.”*

4.2.3. Negative aspects of the program: Maternal perspectives. One mother reported that she would have preferred a program longer than ten weeks: *“One thing I didn’t like is the length of it. Like if it were longer, you know, there would have been wouldn’t have felt so rushed.”* Another mother reported that the timing of the program was difficult for her: *“Sometimes the hours, I wasn’t able to make it.”*

4.2.4. Negative aspects of the program: Staff perspectives. One staff member expressed concern about how best to share Indigenous cultural teachings: *“I let them (mother participants) know ahead of time that I’m not going to lead it for them (smudging), cause it didn’t feel right for me to do that but I left it open to them to do it.”* Another staff member felt that the program sessions were not long enough at times: *“Yeah that’s (amount of time) a big struggle for us. The developmental chart we were having very good discussions but we were running out of time. One hour for a group is not enough from my experience.”*

4.2.5. Unintended benefits & consequences: Maternal perspectives. One mother expressed an interest in learning more about Indigenous teachings after the program had ended: *“I want to know more about the seven sacred teachings.”*

4.2.6. Unintended benefits & consequences: Staff perspectives. A staff member expressed that the appreciation of Indigenous cultural teachings by a non-Indigenous mothers was an unintended benefit: “*One non-Indigenous mom was just wowed by it; just really wanted to learn more and asked if it was appropriate for her to smudge...yes, we shared that with her.*” Others reported that some of the Indigenous mothers had developed an awareness of cultural teachings that were brand new to them: “*Some moms shared that they had never heard any of this before, it was very new to them and a lot of the information was a shock (residential schools).*”

5. Discussion

Our first main objective was to investigate the perspectives of the mothers who participated in the pilot program, in order to determine if they perceived this adapted program to be acceptable and culturally safe. The importance of the mother’s perspectives cannot be overstated. Regardless of their desire to participate or benefit, if mothers did not perceive their experience to be positive, they may choose to stop attending, or their ability to benefit may be reduced. Overall, mothers reported a positive experience during the pilot program; in fact, some mothers noted that the Indigenous cultural teachings embedded into the MEP program were deeply important. An unintended benefit was that some mothers expressed a desire to learn more about these teachings after the program ended. These perspectives indicated that mothers were comfortable with the content and delivery of the program, including feeling culturally safe. While cultural safety can be defined in different ways, for our purposes it involves respect, shared meaning, and shared knowledge and experience; it also involves learning together with dignity and attention (Yeung, 2016). Our open-ended qualitative approach allowed mothers to share aspects of the program that they valued and enjoyed the most. Their reports of improved parenting, greater emotional awareness, and a better understanding of Indigenous ways of knowing and being indicated that the pilot program was well received.

Our second main objective was to investigate the perspectives of the staff who delivered the pilot program. Overall, staff also reported a positive experience, noting a sense of community with mothers, satisfaction with mothers’ progress and enjoyment of the program, as well as appreciation of the Elder’s contributions. It should also be noted that the successful implementation of this evidence-based culturally safe program addressed three of the 94 Calls to Action of the Truth and Reconciliation Commission which call for services that are responsive, sensitive, and culturally relevant to Indigenous peoples (Truth and Reconciliation Commission of Canada, 2015). An unintended benefit of the pilot program was that non-Indigenous mothers also appreciated learning about Indigenous culture. It is hoped that continued delivery of the program will not only better meet the needs of Indigenous mothers and children affected by IPV, but will also further reconciliation efforts by educating non-Indigenous mothers and their children who choose to participate.

6. Conclusions

In summary, the mothers and staff who participated in the pilot offering of the Kid’s Club and Mom’s Empowerment Programs, adapted in collaboration with Elders and staff for Indigenous mothers and children affected by IPV in Canada, deemed these programs to be acceptable, enjoyable, and culturally safe.

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